MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.
10-566,021

FILING DATE

APPLICANT(S)

CLAIMS

| 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 | | DEP. | IND. | DEP. | IND. | DEP. | | 51 52 53 54 55 56 57 58 59 60 61 | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL CLAIMS | 8 | | | | | | | TOTAL CLAIMS | | | | | | |